MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

15700

182

00540

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Sand	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Siate County Harfurd City or town (If outside city or town timits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
Now long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Patricia Marie	Orcher 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Temale White Surger	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 7. 8.
7. Birth date of deceased (mo., day, yr.) Feb 28- 1946	and that I last saw h & J alive on 19 1 19 1 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days It less than one day	Immediate cause of death. A garage Chronic from
9. Birthplace (Town, county, and state)	Due to.
1D. Usual occupation	Due to
11. Industry or business. 12. Name. A. Cliulian Smallwood archer 13. Birthplace. Harford, County from	Dither conditions
14. Maiden name make Emmons Lewis 15. Birthplace Waltham - mass.	(Include pregnancy within 3 months of death) Major findings ul aperations
16. Informant Maril E. Lewis archer	Autopsy results
Address 17. But Mall Bate thereof (mgonth) (day) (year)	22. VIOLENCE: it death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory 21 Many & 200mours	Where did injury occur?
Location Chipmonton	Injured at home, farm, industry, public place (where?)
18. Funeral director	022/10
Address Allender	23. SIGNATURE M. D. or other
19. (Date fee'd by registrar) 19. Registrar	Address Bel air Mod Date signed 1/6/48



- MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1700

2. USUAL RESIDENCE (HOME) OF DECEASED:

00541

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or tewn	State Mid county Tinne arundel
Hew long in abere place of death? Hespitat, institution, or street address where death occurred: How long in hospital or institution? How long in hospital or institution?	City or town
3.(a) FULL NAME GORDON RAY BRA	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Imple	MEDICAL CERTIFICATION 20. DATE OF DEATH Jan. 20 19 48 17:55 N
6.(b) Name et husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day 24	Immediate cause of death 3 - DEGREE BURNS HEAD - TRUNK - LEGS - ARMS
9. Birthplace	Due to.
11. Industry or business	Due to.
12. Name	Other conditions
14. Maiden name Sallish M. Tull 15. Birthplace Brangland Brandlest	Major findings of operations. Bate of ep.
Addres Fich Mick Ry Passedina mel	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Buriai, cremation, or removal. Which?) (Buriai, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or hemicide
Lecation Eastern Company	Injured et home, farm, industry, public place (where?)
18. Funeral director Office State Sonorau Address 36 (5-1) Charles Con	Means of Injury AUTO ACCIDENT Injured at work? YES.
Date rec'd by registrar) 19 48 G. R. Leusib m. D. Registrar	Address. Chandley Wolf Date signed of the State of the St

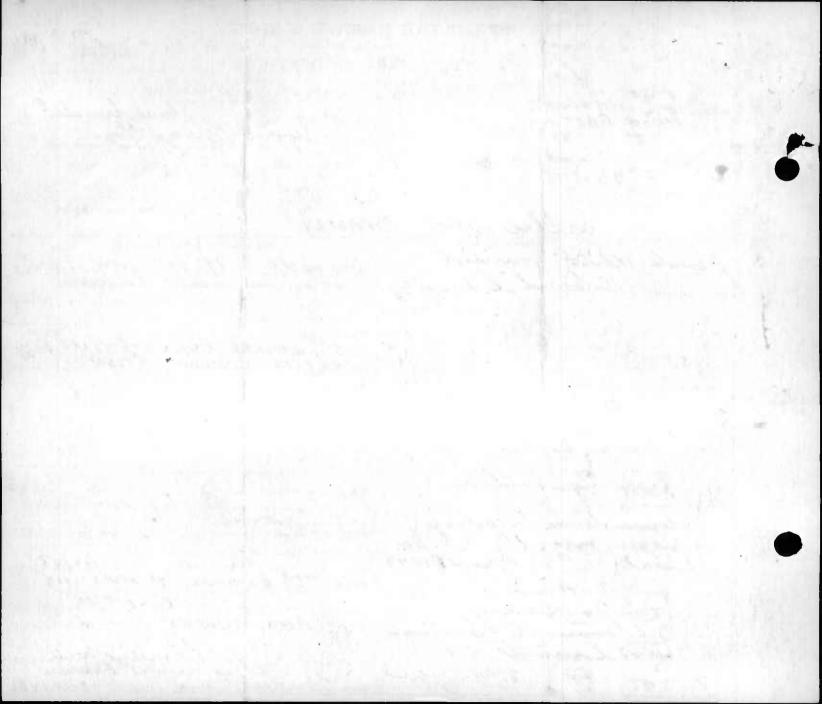


2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Nog. Dist
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. HARFORD	man de la deservatet
City or town NEAR EDGEWOOD (If outside city or town limits, write RURAL and give nearest town	State
	City or town (1) or side city or town limits, write RURAL approve nearest town)
How long in above place of death?	Y · B M · B · P
ROUTE # 40	Street No. C. C. (If rural, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war.
	3. (b) Social Security Number
3. (a) FULL NAME Sallie m.	BRADLEY
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White married	101 10 110 1010
(b) Name of husband or wife Estevant & Beastle	21. I CERTIFY that death occurred on the dafe above stated; that I aftended daceased from
6.(c) If alive, give age 72	19
Right date of	and that I last saw halive on
deceased (mo., day, yr.) May 5, 1894	Immediato cause of death
. AGE: Years Months Days If less than one day	3 AND DEGREE BURNS - ENTIRE 802
5-3hrs	
mal.	
9. Birthplace(Town, county, and state)	
In Usual occupation Hamewill:	
_ /	Due to
11. Industry or business	
12. Name Seage Full.	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Sably Callins.	
7/	Major findings of operations.
15. Birthplace	Date of op.
Informant Columns & Brasiley.	Antopsy results.
Address Wase masn the A. A. bo	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (ay) (year	Accident, suicide, or homicide. ACCIDENT Date of 1/19/48
	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory	(City or town) (County) (State)
location Castern free.	Injured at home, farm, Industry, public place (where?)
160000000000000000000000000000000000000	Maans of Injury AUTO ACCIDENT Injured at work? No
18. Funeral director	
Address 3615-17 Chestunt Ave.	Att Kamager M. D
1 120 KG DIA W.O.	23. SIGNATURE
19. yan to 19 to a. w. Jack	printer address a few does 7 24 maje claned 1 /20 /4
Address 36/5-17 & hestinat five. 19. Dan 20 19 48 9: W. Yelle Phate rec'd by registrar) Re	23. SIGNATURE DED MARIE F. ROSSENDO Begistrar Address Offen does 200 Date signed 1/2

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Injured at work?

,		TE OF DEATH Reg. Dist. No	185-
How long in above place of death? Hospital, institution, or street address to 325 Str	OF GRUE own limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	eareat town)
3. (a) FULL NAME	by Branch	3. (b) Social Security	y Number
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH	2 1.351
	0 N E	and that I last saw h km alive on J	7 /8 19 4 6
10. Usual occupation	E Grace Harford, Md From Lounty, and atato E E Rd Lerroy Branch	Due to	
HILD Hame FOW A. 13. Birthplace Bride 14. Malden name MA 15. Birthplace Wrise	ton Paleine 7. Caroli	***************************************	
17. Burial (Burial, cremation, or remoyal, W	TRENE Deshields Brance and berry Alley (month) (day) (year) Junes Cent	PHYSICIAN: Please underline the cause to which death should be charge 22. VtOLENCE: It death was due to external causes, till in the following:	(State)

Msans of Injury

(Date rec'd by registrar)



1. PLACE OF DEATH:

How long in above place of death?..

Hospital, Institution, or street address where death occurred:

County.....

PLAINLY especiall

PLEASE

16. Funeral director

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

CERTIFICATE OF DEATH

Z. USUAL	RESIDENCE (HOME) OF DECEASED:
(101.11	ma
State	County
City or town.	(If outside city or town limits, write RURAL and give nearest town
	(1.1 0.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1
Street No	
Street No	(If rural, give LOCATION)

ł	How long In honpital or Institu	tion?	 	
ł				
١	3. (a) FULL NAME			

3. (b)	Social Security Number	r
	Mc	

PORTEE EDMUND B	RIDGEFORTH S.(1) Social Security Number
Male Colored Single married, widowed, or divorced	MEDICAL CERTIFICATION APPROX 2D. DATE DF DEATH. JAN. 29. 18.48.30A
6.(b) Name of hunband or wife Consumo 6.(c) If alive, give age yearn 7. Birth date of	21. I CERTIFY that death occurred on the date above ntated: that i attended deceaned from 19
8. AGE: Years Months Days It less than one day	Immediair cause of death DURATION Cerebral Hemory nage
9. Birthplace	Due to Unknown
11. Industry or buninese 12. Name Edmund B. Bridgefor 13. Birthplace Funbridge Da.	The conditions
14. Maiden name. Mary Hompson 15. Birthplace Frankord Co., Mild,	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment Edmund Bridghord	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, commetter, or removal, Which) Cemetery or crematory. Carks Chapel (month) glay (year)	Accident, suicide, or homicide
Location Tourford Soil Mar	Injured at home, farm, industry, public place (where?)

23. SIGNATURE

VS



2411 N. Charles St., Baltimore

832

00545

180

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH. County The town Loan Long Loan (If outside city or own limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) State County County Ma
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Um. St: Crowe	3. (b) Social Security Number
Make White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH JAN 15 5 0 M
Date 10 Ch.	
6.(b) Name of husband or wife Asset N. Communication of the Manual Communication of th	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	and that I lost saw he was all ve on
deceased (mo., day, yr.)	Immediate code of death
8. AGE: Years Months Days It less than one day	Cerebrial Hemerikan 3 days
/4 0 //min.	
9. Birthplace Town ranney, and stated	Due to Cirlieis Seleraxis
10. Usual occupation. Farmer	
Chal Paraminas	Due to
11. Industry or business	
E 12. Name Company	Other conditions
13. Birthplace Sekang	(Include pregnancy within 8 months of death)
14. Majden name Bridget Walsh	(Include pregnancy within 8 months of death)
14. Malden name Bridget Walsh 15. Birthplace Creland	Major findings of operations.
15. Birthplace	Date of op.
16. Informant	Autopey results
Address A arlington And	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D. 100 1 1948	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, Medica, removed, Wilson)	Accident, suicide, or homicide
Cemetery or crematory /// Erun Cem,	Where did Injury occur?
Hours 602 aras Mid.	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director T. O. Bailey	Means of Injury Injured at work?
Address Darlington And,	Pf (Land)
Addies / Day Millo Le	23. SIGNATURE TO THE TOTAL OF THE STATE OF T
Jan 23 ,48 M. W. over	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, W

WRITE

PLEASE

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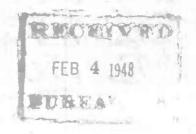
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DURATION 6 Ars

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Harfrey	(For newborn infants give residence of mother)
City or town Burst Cherleen	State Maryana County Declara
(If outside city or town limits, write RURAL and give	City or town (If outside city or town limits, write RURAL and give nearest
How long In above place of death?	Ceres Been
	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Num
4. Sex 5. Color or race 8.(a) Single, married, widowe	, or divorced MEDICAL CERTIFICATION
male White Widow	2D. DATE DF DEATH. 20 21 19.48 21.
6.(b) Name of humbers or wifeElla Buchins	21. I CERTIFY that death occurred on the date above stated; that I attended deceased f
7. Blab data of	
7. Birth date of deceased (mo., day, yr.) Len - 10 - 1883	Immediate cause of death
8. AGE: Years O Months Days Itless than o	e day Emblesy
25 //hrs	min.
9. Birtholace Dublin Harford Com	Que to Pheuma & obleast dise are a
(Town, county, and state)	my transferrace + insufferracy
1D. Usual occupation Sew Mill Bull	Due to.
1. Industry or business	
12. Name Sase Seef	Dther conditions
13. Birthplace Man Land Car	
	(Include pregnancy within 3 months of death)
14. Maiden name Susit Juffell 15. Birthplace Barford Co Med	Major findings of operations.
15. Birthplace	Date of op
16. Informant here Kenneth Ja Deck	Autopsy results.
Address Chindren med. BUT?	PHYSICIAN: Please anderline the cause to which death should be charged statis
Burged Bright Con.	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?)	
Cemetery or crematory	Where did Injury occur?
Location Duhlin my	Injured at home, tarm, Industry, public place (where?)
Many Taning M	Means of Injury lipjured at work?
18. Funeral director	

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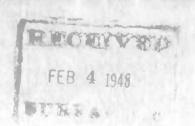
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

00540,7/

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town limita, write RURAL and give nearest town) How long in above place of death? Hospital, Instilution, or sireel address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale Many Land County Harford City or town limits, write RURAL and give nearest town) Street No. 20.8 Bullion Outs (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rutle Mercleon Deder 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Tremelo White married	20. DATE OF DEATH Jaw. 2/27 1948 21/1:00 4 M
5.(6) Name of husband or wife D. K. R. Blatle Dedericle. 5.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19. 4.2. to
8. AGE: Years Months Days If less than one day H Property H H H H H H H H H	Immediate cause of death Cerebral symbolism 1 Lag
9. Birthplace Office (Town, county, and atoge)	Due to armera Thimbon day
11. Industry or business 12. Name Chilians the Merchan 13. Birthplace Prince tow N. J.	Diher conditions
14. Maiden name Katherine anderson	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant DR. A. Verle Dederick	Autopsy results
17. But of all Winds and Bate thereof Jan. 25. 1948. (Burlal, cremation, or removal. Which?)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Comelery or orematory Opince Low	Where did Injury occur?
18. Funeral director Newky Taxxing & Sous	Manas of Injury Injured at work? Frank 1/Selle & M.O.
19. Hour 3 4 1948 Mellie 21, Riley (Bate rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Lame de free les Bate signed fam 23,19



WRITE

PLEASE

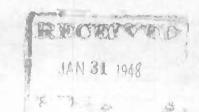
A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Stella H. L	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Widowed,	MEDICAL CERTIFICATION 20. DATE OF DEATH Jan - 9. 1848 21 / 1:3dem
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from //:pa
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death. Hypertensive OURATION Cordiovos Quitor dicease Berebal hemorrhage 14/2 ho
9. Birthplace	Due to
12. Name Carles M. Maiden name Carles V. Hopskins 15. Birthplace Phila. Pa,	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Sallie C. Cast	Autopsy results
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery or crematory Location Location Made R	Where did injury occur?
18. Funeral director	23. SIGNATURE Charles a ref in D.
18 Jan 19 48 111, H. Furk (Date rec'd by registrar) Registrar	Address Street, mal, gale signed 1-10-45.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

920

00549

CERTIFICATE OF DEATH

	Note the succession of the second sec
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
How long in above place of death?	City or town
St. Tranco Villa	Street No. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
Lister Mary Corsini (B)	ridget flynn) 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. GATE OF DEATH. 20. GATE OF DEATH.
6.(b) Hame of hosband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw hand alive on Jam. 3/ 19.75
deceased (mo., day, yr.) (10 - 1861	Immediate cause of death DURATION
8. AGE: Years Months Bays If less than one day	Chamis Vislander
80 6 2/min.	Dead of the state of
9. Birthplace	Due to Charles
10. Usual occupation.	
11, Industry or business	Due to
12. Name	Olher conditions
14. Malden name. Builgal Comman	(Include pregnancy within 3 months of deeth)
15. Birthplace	Major findings of operations.
16. Informant Cleands	Autopsy results
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	
Rolling Ma	Where did injury occur?
Location	Means of Injury Injury Injury Injury
18. Funerat director	
Address Transaction of the Marie Ma.	23. SIGNATURE houled folia mo
19. T.A. 2 19. (Date ree'd by registrar) Registrar	Address of Dean District 2/Z/4P

Registrar Address Struck Out



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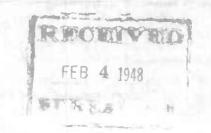
e correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1	N.B	00550
	V. O.	166611
	Reg. Diat.	No.

1. PLACE OF DEATH: //	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Harton	20. 21.
City or town	State Ben Jords County
How long in above place of death? 4 222	
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) tf veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Sarah Now Med	Gen
4. Sei 5. Color or race 6.(a) Single, married, wikowed, or divo	orced MEDICAL CERTIFICATION
Female White Molough	20. DATE DF DEATH San 18 48 21 3 100 9. 1
8.(b) Name of husband Ashert S. Glidde	21. I CERTIFY, that death occurred on the date above stated; that Tattended deceased from
7	John 1346 10 Jan 18 1948
7. Birth date of	and that I last saw h. 41 alive on 2 2 19 4 7
deceased (mo., day, yr.) une 19-1857	Immediate cause of death
8. AGE: Years Days It less than one day	ainte conquestion heart allune 2 days
90 7hrs	min.
9. Birlhplace Brooklyn n. 4	Due 340
(Toyn, county, and state)	Cardio Renal Vasulos disease 7 400
1D. Usual occupation.	Due to
11. Industry or business	
12. Name tendenand Sloat	Dther conditions
12. Name tendenand float: 13. Birthplace Cashell n. 7	
	(Include pregnancy within 3 months of death)
5 10 00	Major findings of operations.
15. Birthplace	Date of op.
16. Informant hus Hathering H. Tenned	Ly Autopsy results
Address Some de Brace med B.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Ne 10 10 10	22. VIOLENCE: Il death was due fo external causes, Illi in the lollowing;
(Buria), eremation, or removal. Which?) Date thereof (month) (day)	(Jear) Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Brooklyn 7.7	Injured at home, farm, Industry, public place (where?)
11. (51) - 14-1	Meens of injury Injured at work?
18. Funeral director. Assert January South	4/. 4
Address alletelen mit	23 SIGNATURE ASC Dulancy MA
Jan 19 .48 Kellie XX	Wey M. D. or other
(Date ree'd by registrar)	Eegistrar Address aby alen Date signed 19,1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00551 Reg. Dist. No. 182

1. PLACE OF DEATH: Landau A	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Hartord Purel	State Md county Ha-fox d	
City or town		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No	
	2.(a) It veteran, name war	
How long in hospital or institution?		
3. (a) FULL NAME TO h ND. Grafton	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M W S	20, DATE OF DEATH, January 2 18 48 at 5A M	
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife		
7. Birth date of Sept 3-1998	and that I last saw halive on	
Beceased (mo., day, jii)	Immediate cause of death	
8. AGE: Years Months Days It less than one day		
nrs,min.	Colonory profilency	
9. Birthplace Forest Hill Rura (Town, county, and state)	Due to Chrome Milyo cardilly s	
1D. Usual occupation Far May	+ mys cord if harfillen	
	Due to	
11. Industry or business		
12. Name Frank R Grafton 13. Birthplace M d	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name Levina Thissas 15. Birthplace No	Major findings of operations	
15. Birthplace	Date of op.	
18 Interment Mrs Mand & Robinson	Antopsy results	
F + 1/1/ 1/1	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: It death was due to external causes, till in the tottowing;	
17. (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or crematory Cantra Mathodist	Where did injury occur? (City or town) (County) (State)	
Location Forest Hill, Md	Injured at home, tarm, industry, pub ¹¹ c place (where?)	
18. Funeral director Joseph & Fester	Mases of Injury Injured at work?	
Address Bil an mod	Orthogone M. A	
1/2 H8 P.J.	23. SIGNATURE.	
19. (Date rec'd by registrar) Registrar	Address aferder 2 240 Bate signed 12 /4 5	

JAN 6 1948

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00552 Reg. Diat. No. /82

	Keg. Dist. No.:
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County	mad When Hond
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospiiat, Institution, or street address where death occurred:	
***************************************	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOHN GREEN	Mo
4. Sex 5. Color or race 6.(4) Singler married, wildowed, or diversed	MEDICAL CERTIFICATION
Male White Hidaruer.	20. DATE OF DEATH 26 1948 at 9 131
den de la companya del companya de la companya del companya de la	
6.(b) Name of husband or wife Savan	21N CERTIFY that death of cufred on the date above stated; that hattended deceased from
Wead B.(c) If alive, give age years	
7. Birth daie of deceased (mo., day, yr.) Nov. 15. 1858	and that I last saw have alive on 19.48
8. AGE: Years Months Days It less than one day	Immediate cause of death
80 1 11	LOBAR (14yposlati)
O 7 d min.	JONEUMONIA 3 da
9. Birthplace Baltimore Co., Md.	Due to. Permiralling a
(Town, county, and state)	Benuplagia ?
1D. Usual occupation	Due to.
11. Industry or business, On ram	Λ Λ ——————————————————————————————————
= 12. Name Samuel Green	Other condition Cha Respectarine Cardes -
13. Birthplace Genna	Capellar Desiare !
14. Maiden name amelia Wheeler	(Include pregnancy within 3 months of death)
D	Major findings of operations.
15. Birthplace	- Daie of op
16. informaço for occurred Markling	Antopsy results
Address thite Hall Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 121 / 1 / 1 / 1948	22. VIOLENCE: tt death was due to external causes, till in the following;
(Burial, commation, or removal, White) (month) (day) (year)	Accident, suicide, or homicide
Cemetery of comments of the co	Where did injury occur?
Location Baltimor Co,	Injured at home, farm, Industry, public place (where?)
18. Funeral director H. S. Bailen	Meens of Injury Injured at work?
100011 × mos	1.5. 1.0.11.1.
Address Wungton and	23. SIGNATURE Chellard P. Allason
Jan. 27 1816 Mill Turk	M. D. or other
(Date rec'd by registpar) Registrar	Address Address Address Address Address

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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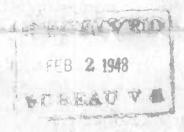
PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1. PLACE OF DEATH: County Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Aberdeen. Mary Land. (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Harford		
	City or town Havre de Grace (If outside city or town limits, write RURAL and give nearest town)		
How long In above place of death?	R. F. D. #1		
Station Hospital, APG, Md.	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
RICHARD ARNOLD HARNELL			
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATH20. January		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
deceased (mo., day, yr.) November 8, 1947	Immediate cause of death Hernia, inguinal OURATION		
8. AGE: Years Months Days If less than one day 2 11hrsmin.	strangulated		
9. Birthplace Aberdeen, Harford, Maryland (Town, county, and state)	Due to.		
10. Usual occupation	Due to		
11. Industry or business 12. Name John Olen Harwell			
A3 ob one	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Elba Elise Baxter 15. Stribplace Glennville, Georgia	Major findings of operations. Hermia, inguinal strangulated		
\$ 15. Birthplace Glennville, Georgia	Date of op.		
16. Informant John Olen Harwell	Autopsy results		
Address RFD #1, Havre de Grace, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
	Injured at home, farm, Industry, public place (where?)		
Location Devances De	Means of Injury Injured at work?		
18. Funeral director. Survey James Many			
Address Charden my	23 SIGNATURE GOIGE CHANGE MI		
18 1/21 1948 mellie H. Rily	M(D, o) other		
(Date rec'd by registrar) Registrar	Address		



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1. PLACE OF /DEATH: 0

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

og. Dist. No. 18-5 -

County or town	(For newborn infents give residence of mother), State
3. (a) FULL NAME Mn. Gevrgew. H	ines 3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married widowed or divorced W. 8.(b) Name of husband or wife Mangaret M. Hines	MEDICAL CERTIFICATION 20. DATE DF DEATH. Lawrence on the date above stated; that I attended deceased from 46
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birthplace Oort Sefronit Cecil, Md Town, county, and state) 10. Usual occupation Engineer retired.	Due to
ff. Industry or business Example 12. Name Waltsu Hinsus 13. 6irthplace Cecil Co., Und	Other conditions Date McClifus (Include pregnancy within 3 months of death)
14. Maiden name unlousure 15. Birthplace Und	Major findings of operations. Date of op.
Address Suntington West Va.	Actorsy results
(Burial, cremation, or removal, Which?) Cemetery or crematory of office well (month) (day) (year)	Accident, suicide, or homicide
Location Text Welips it Md. Ryus	Means of injury Jojured af work?
Address Seryvill, Mil	18, SIGNATURE John F. Noguera ND
19. (Date rec'd by registrar) 19. 4. L. Leuces W. Registrar	Address Hopital-Haire de Frace Date signed 1-5-48



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MARYLAND STATE DEPARTMENT OF HEALTH

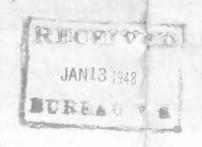
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

0(1550 & Reg. Dist. No. 18 &

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State md County Harford	
City or town		
How long in above place of death?	City or town	earest town)
llospital, institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	***************************************
How long in hospital or institution?	2.(a) It veleran, name war.	
3. (a) FULL NAME	3. (b) Social Security	Number
mis Jennie Hoffman		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Temale W Voldowell	2D. DATE OF DEATH Jan 9 1948	at & A M
8.(b) Name of husband or wife. Christophes	21. I CERTIFY that death occurred on the date above stated: that I attended dec	eased from
	and that I last saw h An alive on Jon A	
7. Birth date of deceased (mo., day, yr, May 22, 1888.		
8. AGE: Years Months Days It less than one day	Immediate cause uf death	1919-001-01-0
59 8hrsmin.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a Birthology New Breensnick Canada	Due to Esse tist yesterson	Bris
9. Birthpiaca leur Brensuich Carlle A.C. (Town, county, and stafe)	1	70 0
2/		R.M.Swishinghi
10. Usual occupation.	Due to	****
11. Industry or business		
12. Name fuknown	Dther conditions	
X 13. Birthplace	(Include pregnancy within 3 months of death)	
# 14. Maiden name And Anowar)		
,	Major findings of operations.	
15. Birthplace	Date of op	
16. Informant Exclusion Muss	Autopsy results	
	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
Address Joffel Man 110	22. VIOLENCE: If death was due to external causes, till in the tollowing;	
(Burini, cremation, or removal. Which?) (Burini, cremation, or removal. Which?)	Accident, suicida, or homicide	90000000********************
Cemetery or crematory Mountain Christians	Where did injury occur?	
Location Location Decl	Injured al home, farm, Industry, public place (where?)	
2/. 1	Meens of Injury Injured at work?	
18. Funeral director Norther for The		
Address Benson mel	hed A Hodous.	ma A.
1116 40 P.L.	M. D	or other
19. (Date per'd by registrar) Registrar	Address Edgeward me Date signer	1.9-48



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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State 22 County Joseph
(If odtside city or town limits, write RURAL and give nearest town)	27
How long in above place of death?	City or town (1f outside city or town limits, write It UPAL and give uenrest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
tow long in hospitat or institution?	2.(d) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Finds White Married	20. BATE OF DEATH. June 1948, at 9. a. N
6.(b) Name of husband or wife. Dacas Herselburger	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from
75 - C(1) Heling street 1/25 - 1000	19 × 3 , to face 10 19 × 8
1. Birth date 61 deceased (mo., day, yr.) Jene 18 18 75	and that I last saw has alive on 19.20.
B. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
72 / 73hrsmin.	freshed hard South
1/00/201	Deal les
(Town, county, and state)	Due to Additional forms
10. Usual occupation, Talanana	Due to
1. Industry or business Hours Ruber	DUG (G
12 Name Jacon Mittleans	Other conditions.
12. Name Acord Mitalica S. 13. 8/r/hplace Tuled 100 2004	
lond & stellitasted.	(Include pregnancy within 3 months of death)
14. Malden name 11. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Major findings of operations.
11 15. BITINDIACE CONTRACT OF THE STATE OF T	Bate of op.
6. Informant	Antopsy results
Address sam Sine Oa	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
2 +0 1 / 0 -	Where did injury occur?
- 6 101	
Location de la	
18. Funeral director A. Loward Machine	Meens of Injury Injured at work?
Address Farm From Ja	- Cours of the Three min
Con/ 13 118 9 - PB.	23. SIGNATURE M. D. on other
(Date rec'd by registrar) Registrar	Address Suracelalan (& Bate signed Jan)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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information carefully. The corror of death clearly and legibly.

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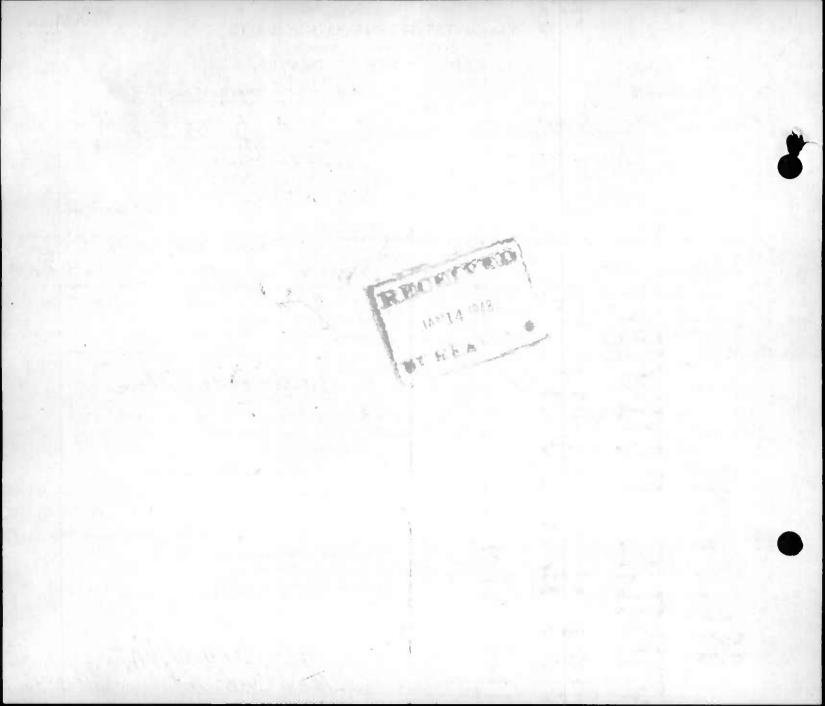
PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

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Dan	Dist	Br.	/	9	S	-
Reg.	Dist.	No.		. 0 .	w	

CLICITICAL	Reg. Dist. No	73
1. PLACE OF DEATH: Warford	2. USUAL RESIDENCE (HOME) OF DECEASED; (For newborn infants give residence of mother)	•
House de lebrel	State County County	
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town / Laure de Grace	
How long in above place of death?	(If outside city or town limits, write RULAL and give neares	t town)
Hospital, institution, or street address where death occurred:	358 72 austan 111-	
358 Bourton St.	Street No	
How long in hospital or institution?	2.(a) tt veteran, name war	
3. (a) FULL NAME Ella Elizabeth / H	Sand 3. (b) Social Security Nu	mber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	10
Timele White Widowed	20. DATE DF DEATH. Jan. 12, 1948 21	3 4
4, HUP I. Land		
6,(b) Name of husband or wife. 6.1 Agrama	21. I CERTIFY that death occurred on the date above stated: that I attended deceased	
7. Birth date of	and that I lay saw half alive on	10
deceased (mo., day, yr.) (am. 11 186)		
8. AGE: Tears Months Days It less than one day	Immediate cause of death	DURATION
01		
8/ 6 /min.		*******************
9. Birthplace (Town, county, and state)	Due to larcengma) theres.	••••••
Marian Dulian		
10. 03021 000401101	Due to	
11. industry or business Reload		
= 12 Name John Boyer	Dther conditions	
12. Name John Doyer 13. Birthplace Cecil Co. Prd.		
	(Include pregnancy within 3 months of death)	
14. Maiden name Jusa Yogyr 15. Birthplace Md.	Major findings of operations	
E 15. Birthplace	Date of op.	
16 Informati Mrs. 6 mma Z. Barnhardt	Autopsy results	
Address 358 Bourton St. City.	PHYSICIAN: Please underline the cause to which death should be charged ata	istically.
nuclear and a second	22. VIOLENCE: if death was due to external causes, fill in the tollowing;	
(Burial, cremation, or removal, Which?) Bate thereot (month) (day) (year)	Accident, suicide, or homicide	
Classed Hole 91	Where did injury occur?	
Cemetery or crematory		state)
Location C Y WW W W W W W W W W W W W W W W W W	injured at home, farm, industry, public place (where?)	******************
18. Funeral director T. Madison Mehell	Means of Injury Injured as work?	
Appres Savre de Grace, Md.	1 Spill allih	
Jan 13 . Ve G. X. Lewis my 1	23. SIGNATURE M. D. or c	/ / /
(Date rec'd by registrar)	Addres Addres Date signed	13-46



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rect	CERT	TIFICATE OF DEATH	Reg. Dist. No
ormation carefully. The cordeath clearly and legibly.	1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give near How long in above place of death? Hospital, institution, or street address where death objurred: How long in hospital or institution? 3. (a) FULL NAME A REORGE BERLI	Street No	dencé of mother) County
em of infor	4. Sex 5. Color or race 6.(a) Single, married, widowed, or Marked	divorced MEDICA	AL CERTIFICATION 19 48 21 9:3 0 A
ry iter	6.(b) Name of husband on wife		date above stated; that I attended deceased from
Supply even	7. Birth date of deceased (mo., day, yr.) Marcelu 2+ 1913 8. AGE: Years Months Days If less than one da	and that I last saw halive on Immediate cause of death	CCAUSION DURATION
ADING INK. Physicians: ple	9. Birthplace Tanielton III 1D. Usual occupation Medical Doctor	Due to	
Er.	11. Industry or business 12. Name	Other conditions	
WITH UNI	14. Maiden name to lla P Bulling 15. Birthplace Mora Minu	Major findings of operations	Date of op.
PLAINLY, is especially	Address West Stockbeidge 17 Kemoval (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	PHYSICIAN: Please underline the cau 3 /9#5 22. VIOLENCE: If death was due to ext ay) (year) Accident, sulcide, or homicide	se to which death should be charged statistically.
WRITE F	Cometery or crematory Blast Stockbrid	Meane of Injury	r town) (County) (State) place (where?)
PLEASE V	18. Funeral director Alleger Alleger Address Alleger A	Mane of injury N.d. 23. SIGNATURE	Manney M.D.
4	19. — 19. —	Registrar Address aberdien	248 Date signed 2/1/48

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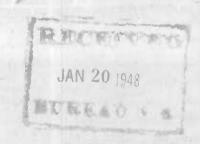
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00561

CERTIFICAT	E OF DEATH Reg. Dist. No. 182
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME A SOLVEN	
4. Sex 5. Color grace 8.(a)Singlo, marriod, diddred, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH 2D. DATE DF DEATH 18.4 9 21 12 C
6.(b) Name of husband or wife Mary Effix Sparks 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that Mattended deceased from
7. Birth dato of deceased (mo., day, yr.) Felo 4 8- 1861	and that (lest saw h. Man alive on 19.6.) Immediate cause of death. DURATION
8. AGE: Years Months Days It less than one day	Janarating/
9. Birlhplace A 6.6 h ers N.C. (Town, county, and state)	Due to Tulisio Sterios
Patrod (Farmer)	
10. Usual occupation	Due to
12. Name Altred Johnson N. C	Other conditions
14. Maiden name. Mary Spicer 15. Birthplace NC	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mrs Ralans Ham: Itan	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Be). Air, Md	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Bur, a Bato Ihereot Jany 19 48. (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetory or crematory. Mt 3.0x Mathodist	Where did Injury occur?
Location Fourtain Green	Injured at homo, farm, Industry, public place (where?)
18. Funeral director Joseph TFostur	Means of Injury Injured at work?
Addross Bel AIR MJ	23. SIGNATURE & T. Snodgrass
19. (Dale rec'd by registrar) 1948 Ostowood Registrar	Address Davlington and Dalo signed 1/4



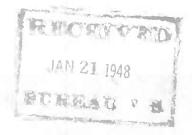
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00560

CERTIFICATE OF DEATH

OZKI II TOTI	Reg. Dist. No.
1. PLACE OF DEATH: County HARFORD City or town HAVRE CE MRACE (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In above place of death? Hospital, Institution, or street address where death occurred: ITARFORD MEMORIAL Hospital	(If outside city or town limits, write RURA) and give narest town) Street No. 5 (If rural, give LOCATION)
How long in hospital or institution? 2 Lays	2.(a) If veteran, name war
3. (a) FULL NAME JOHN SON 4. Sex 5. Color or race 6. (a) Single, married, widowed, of Bivorced	e (Cransevell) 3. (b) Social Security Number By
F # e Single	20. DATE OF DEATH. 20. DATE OF DEATH. 21 21 5 F
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 2 - 8 - 47.	and that Tast saw h Colombia alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
	But Talmman Rolling & line
9. Birthplace Hause De Lace Nd. Lord. (Town, county, and atate)	Oue to Brusho Preummin 1 da
1D. Usual occupation	Due to
11. Industry or business 12. Name Charles Charles Charles Way 13. Birthplace 51 6 Young St. Havy & Way	Other conditions.
\$ 13. Birthplace 51 6 young St. Baus Ro Was	(Include pregnancy within 3 months of death)
14. Malden name annetta Johnson D 15. Birthplace 51/ Olliance St. Haus Co Grace	(Include pregnancy within 3 months of death) Major findings of operations
	Date of op
16. Informant Suretta Johnson	Autopsy results
Address all alliance et dans les	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Have ble Glose 2nd	Injured at home, farm, industry, public place (where?)
18. Funeral director. Elizaev EBellerik	Means of injury tnjured at work?
Address 556 W. Jews St. H-de- S. M.	23. SIGNATURE MAN Walbers 10th,
19 Jan. 9 19 4 4. L. Lind m. D. Registrar) Registrar	Address Address Amee Bate signed Ann.



PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00562

CERTIFICATE OF DEATH

ı		Reg. Dist. No.
1	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city of town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veleran, name war. 3. (b) Social Security Number
l	Flossie Kenly	
	4. Sex 5. Color or raco 6.(a) Single, married, wildowed, or divorced	20, DATE OF DEATH CANAL CERTIFICATION
	8. (b) Namo of husband or wife	21. I CERTIFY that Weath occurred on the date above stated; that attended deceased from 21. I CERTIFY that Weath occurred on the date above stated; that attended deceased from 22. I CERTIFY that Weath occurred on the date above stated; that attended deceased from 23. I CERTIFY that Weath occurred on the date above stated; that attended deceased from 24. I CERTIFY that Weath occurred on the date above stated; that attended deceased from 25. I CERTIFY that Weath occurred on the date above stated; that attended deceased from 26. I CERTIFY that Weath occurred on the date above stated; that attended deceased from 27. I Section 19. I Sec
	8. AGE: Years Months Days If less than one day 18 7	Immediate cause of death DURATION A sure for large of the sure of
	11. Industry or business 12. Name George Western 13. Birthplace Pexceptuare 14. Malden name Lattice Toollingsworthe 15. Birthplace Perceptuare 16. Birthplace Perceptuare 16. Birthplace Perceptuare 16. Birthplace 16. Birth	Differ conditions
	16. Informant	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
*	18. Funeral director Neury Jacking & Society Address - A Gerdeen Md 19. Fuh. (Date rec'd by registrar) 19. 48 G. Lessis m. Registrar	injured at home, tarm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE. M. D. orjother Whatal - Have de has a large of the part of the par



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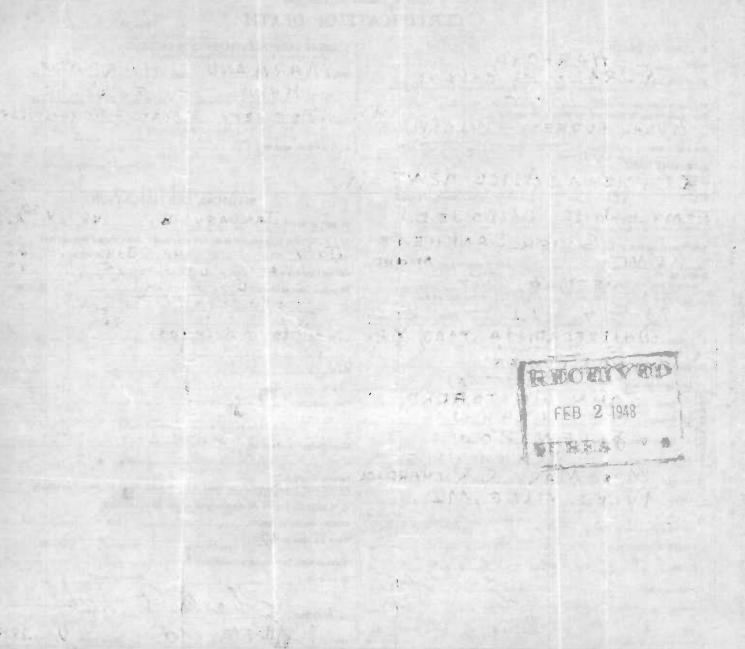
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00563

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: HARFORD County City or town (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? 7.3.4 5.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County HARFORD City or tnwn. RURAL D LE COUNTY LE CO
Hospital Lastitution, or street address where death occurred: PURAL ADDRESS — PYLESVILLE	street No. BETWEEN S FORKS + IVORRISVILLE (If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, oame war.
3.(a) FULL NAME 氧 CATHERINEALICE KENT	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOWED	20. DATE OF DEATH JANUARY 28 1 1948 18 30 A M
8.(b) Name of husband or wife GRIER BANKHEAD NENT 8.(c) If alive, give age DECEASE Pars 1. Birth date of deceased (mo., day, yr.) SEPT, 16, 1854 8. AGE: Years Months Bays If less than one day 93 4 12 hrs. — min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947, to January 15,1945. and that I last saw h
9. Birthplace WHITEFORD, HARTORD, MD. (Town, county, and state)	Due to Arterio sclerosis
10. Usual occupation HOUSE WIFE 11. Industry or business (F)	Due to
12. Name JOHN WHITERORD 13. Birthplace Unhnown	Other conditions Mena
14. Maiden name ELLEN Jones 15. Birthplace Unknown.	(Include pregnancy within 8 months of death) Major findings of operations
18. Informant MRS. MARY K. RICHARDSON	Autopsy results
Address PULES VILLE, MD, (Burtal, cremation, or removal, Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: 1f death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director	Means of Injury Injured at work?
19 (Date rec'd by registrar) 19 (Date rec'd by registrar)	23. SIGNATURE Charles C. M. M. D. orgeher Address Street Md. Date signed Jan. 29 14.5



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MARYLAND STATE DEPARTMENT OF HEALTH

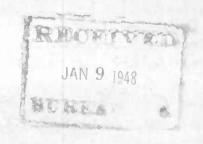
2411 N. Charles St., Baltimore

940

00564

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland County HOIX	4700
(If outside city or town limits, write RURAL and give nearest town)	City or town Essessantin, Belas	4 R. W.
How long in above place of death?	(If outside city or town limits, write RURAL and give	ve nearest town)
Hospital, Institution, or street address where death occurred:	Street No.	***************************************
	(If rural, give LOCATION)	
How long in hospital or Institution?	2.(g) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Secu	arity Number
mrs Sorah E. Homes Sef	tridge	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1
Finde white widowed	20. DATE DF DEATH. TAN 2 1944	3 al 2 PM
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended	d deceased from
	June 1947 19 10 Jan 2	
7. 8irth date of 200 1870	and that I last saw h.A alive on	
8. AGE: Years Months Days If less than one day	Immediain cause of death	2 iveels
77 7 2hrs.		2.100
	and external fellerses	······································
9. Birthplace	Due to Que to	***************************************
Alders in 11.		
10. Usual occupation.	Due to	
11. Industry or business	Blace conditions Fractured Reft hep	180016
12. Name Acury T. Tubo	Dither conditions Fractives 44 749	1 5 myrun
	(Include pregnancy within 3 months of death)	
14. Maiden name Street Tubbs 15. Birthplace Verguna		
5 15 Rightniage All S OA AAA A	Major findings of operations	***************************************
antil. Inarrussel		***************************************
16, Informant	Autopsy results	arged statistically.
Address Comp Con Mil 13000 R.D.	22. VIOLENCE: It death was due to external causes, till in the following:	
(Burial cremelion or removal, Which?) Date thereot (month) (day) (year)		
(Burial, cremation, or removal, Which?) (month) (day) (year)		(State)
Cemetery or crematory	Where did Injury occur?	
Location Marion, Vugues	Injured at home, farm, Industry, public place (where?)	
18. Funeral director from L Ma Tormo to	Means of Injury Injured at work	7
Address Oberedon maryland	Bed O Hodous n	2.D.
		M. D. or other
19. 2a2 19. 41 Mare M. Morela 4.0 Registrar)	far Address Edgewood md Date si	Igned J Can 2 1948



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charten St., Battimpre

DEVELORE OF DEAL

005658/

CERTIFICA	TE OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3.(a) FULL NAME Charles Tichard Le	Lley 3. (b) Social Security Number		
4. Sex 5. Color or race Male Volute Married Married B. (a) Single, married, widowed, or divorced Married B. (b) Name of huaband or wife Grand G. (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 70 10 R. Birthplace Town, coupty, and state 10. Usual occupation 11. Industry or business The state of	Immediaiu cause of death DURATION		
12. Name Charles Charles 13. Birthplace 14. Malden name Mary & ligabeth Riethley 15. Birthplace 16. Intermant Mho. Agnes Alberta Lilly Address Havre de Leay, Md. R. D. #1	(Include pregnancy within 3 months of death) Major findings of operations		

Burial Bate thereof law. 4
(Burial, eremation, or removal, Which?)
(month) (december Methodish Cemeters)

18. Funeral director T. Madison Mitchell

Address Havre de Grace Mid.

(Date rec'd by registrar)

23. SIGNATURE...

Address.

Registrar

Maena of injury

Accident, aulcide, or homicide......
Whera did injury occur?

injured at home, farm, industry, public place (where?)

3 SIGNATURE David D. Dole

(City or town)

Les Cate signed 3 Jun 1849

(State)

(County)

Injured at work?



FOR BINDING RESERVED MARGIN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00566

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME George C. Marvin	3. (b) Social Security Number
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced Married 6.(b) Hame of husband or wite Amy & Married	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19.47. 19.47. 19.47. 19.47. 19.47.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4 15	and that I last saw h alive on Jan 29 19 Immediate cause of death. DURATION Congestion Near Farlies
9. Birthplace	Oue to Commy orling
12. Hame Seolge F. Maridal 13. Birthplace Kildson ren Hamkehire 14. Malden name Elizabeth a Locke 15. Birthplace Leyington, Mass	Other conditions Branchise Preserves (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Ness Angle Marvin. Address Rocks Harlord Co. Ms.	Autopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Lexington hass 18. Funeral director Martiney L. Kurts Address Carrettsialle Man	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Jan. 31 1948 Thomas R Brown	23. SIGHATURE M. D. Cother



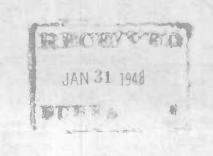
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00567

182

1. PLACE OF DEATH: Tarlord	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Mid County Forford
City or town	P 1 - 0
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MARCUS 18 (1	Ye (OSLIN.)
4. Sex S. Color or race S. Carsingle, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Hour, Married	20. DATE DF DEATH Jamary 8, 19.48, 21 2", 50AM
Elles (McCourla	CERTIFY that death occurred on the date above plated; that I attended deceased from
6.(b) Name of husband or wife.	7 19 48 10 Jan & 19 48
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) R ACF. Yeare Monthe Days If less than one day	Immediate cause of death
0. 10 /9	John Trumma IS/hours
0 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9. Birthpiece	Due to
1D. Usual occupation 22 am	
	Due to
11. Industry or businese,	9 Th 1 · E ·
12. Name Tarkona Co, Md	Other conditions togath the transfer of the conditions to the cond
	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
El 15. Birthplace	Date of op.
16. Interment Robert a Me Caurand	Autopsy results.
Address 2318 Garrett ave Bal	SICIAN: Please underline the cause to which death should be charged statistically.
P. 10 Pm 18 19/11	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation What (ponth) (day) (ver)	Accident, euicide, or homicide
Cemetery on comparatory Work on Clin	Where did injury occur?
Location Atarford Silmidi	Injured at home, farm, industry, public place (where?)
A 48 13- 000	Meens of injury injured at work?
18. Funeral director	ERITER HIMA
Addrass A Corunges, 111	23. SIGNATURE Cobin Darchel .D.
Jan, 7, 1948 M. 48 Pire	M. D. or other
(Date rec'd by registrar) Registrar	Address torest till 11 Date signed 18/4



00568

CERTIFICATE OF DEATH

or Dist No 185

.Date signed

CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Mr. Hmie IV	Terrick -
4. Sex 5. Color or race 6. (a) Single, married, widowed or divorced 7. Widowell 6. (b) Name of husband or wife 6. (c) If alive, give age	20. DATE OF DEATH. 21. I CERTIFY Ihal death occurred on the date above stated; that altended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
deceased (mo., day, yr.)	and that I last saw h
9. Birthplace	Due to
13. Birthplace Hall 14. Maiden name Prissilla Scarlowegh 15. Birthplace Md.	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant Mrs. Mable Tilghman Addres 312 M. Linden are another Md.	Autopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director P. Madison Mitchell Address Stavrede Grace Md.	Means of Injury Injured at work? 23. SIGNATURE M. D. or other

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

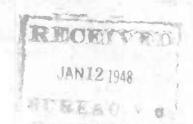
(Date rec'd by registrar)

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FOR BINDING

MARGIN RESERVED



	2411	N.	Charles	St.,	Baltimore
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CERTIFICAT	E OF DEATH Reg. Dist. No. 8-		
County County County County County County City or town City or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred: 624 How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearly town) Street No. 2 4 30 (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME Mary Augustus Mumbs 4. Sex 5. Color or rack 6. (4) Single, married, widowed, or divorced			
5. Color or race 6. (d) Name of husband or wife 6. (b) Name of husband or wife 6. (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 1. Birthplace (Town, county, and state) 10. Usuat occupation 11. Industry or business	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21. I CERTIFY that death occurred on the date above slated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Intormant. Address 62450. Washington St. City. 17. Gurial eremation, or removal. Which?) Cemetery or crematory. Location Address James Grand	Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: Il death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) Injured at home, larm, industry, public place (where?) Magnet of injury Address. Address. M. or other M. or other		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charlus St., Baltimore

00570

CERTIFICATE OF DEATH

Pist No. 185-

CERTIFICAT	E OF DEATH Reg. Dist. No/83
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
Carrie real	(er-
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 26 19 19 19 19 19 19 19 19 19 19 19 19 19
6,(b) Name of husband or wife	21. I CERT/FY that death occurred on the date above stated; that Vattended deceased from
	Jan. 21-48 19 10 Jan. 26-48,19
7. Birth date of deceased (mo., day, yr.) Dec. 31-1892	and that I last saw h
8. AGE: Years Months Days It less than one day 20 hrs. min.	Immediate cause uf death DURATION
9. Sirthplace	Due to. Di abello Mellilus
10, Usual occupation	Due to
11. Industry or business 12. Name Display Plant 13. Birthplace Mongand -	Other conditions Secondary Systems (Include pregnancy within 3 months of death)
14. Maiden name & oral 7. White	
14. Maiden name S. Orach F. White 15. Birtholace Maryland	Major findings uf operations
11) I Paulen	Date of op.
16. Informant	Autopsy results
Burel Date thereof Day 29/194	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
ocation Appearation	Injured at home, farm, Industry, public place (where?)
18. Funeral director Friend R. Meterna You	Moshs of injury tnjured at work?
Address Obrugdon Maryland	23. SIGNATURE Whu 1: Noguera W.
(Datu rec'd by registrar) 19 48 4.7. Lewis M. Registrar	Address Have de grace Mg M. D. or other

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WITH CNFADING INK. Supply every item of information carefully. important. Physicians: please write the causes of death clearly and leg

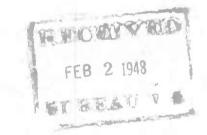
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WRITE

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VS A15

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correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

00571

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mandamed County
City or town	11
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 235 //. W cahing/in
How long in hospital or institution?	(If rural, give LOGATION)
3. (a) FULL NAME	
Mary M. Jenning	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famale White Widow	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I alleaded deceased from
7. Birth date of	and that I last saw all alive on 19.
deceased (mo., day, yr.) /4/2, 23, 1873	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Officer States
74 3 8hrsmin.	Durance Handri hat
9. Birthplace I fame de Prace	Due to.
(Town, county, and atote)	
10. Usual occupation.	Due to
11. Industry or business	
E 12. Name	Other conditions
13. Birthplace / Love de Char	(Include pregnancy within 3 months of death)
14. Maiden name And C. Samuelle 15. Birthplace / Lance Le Llance	
15. Birtholace / Lane de Kleane	Major findings of operations
1) Polis (Permentin	Autopsy results.
Address Hance Head	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 87 Local Communication of the Local Comm	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory and Thele	Where did injury occur?
location I fame bu Prace	Injured at home, farm, industry, public place (where?)
Mar & Burn Qu.	Means of Injury Injured at work?
18. Funeral director	De a OTA.
Address 15"/2 Tholling H. Ballon Md.	23. SIGNATURE franco & toling mo
19 Jan. 2 19 48 4. L. Lerais M. D.	M.D. or other
19 (Date rec'd by registrar) Registrar	Address Date signed 2/18



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2411	N.	Charles	St	Baltimore
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CERTIFICATE OF DEATH

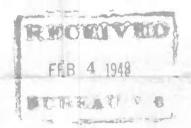
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	10	Disa	D7 -	4	18

	Reg. Diat. No. Ax
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Hary ord City or town. Have de Gwell - Rural (If outside city or fown limits, write RURAL and give nearest town) How long in above place of death?	State Manyland County Haryard City or town (If outside city or town lights, write RURAL and give nearest town)
Hospilal, institution, or street address where death occurred:	Streel No. Rusal - # 2 (If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex S. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W married	20. DATE OF DEATH January 4 1948 21 9 P.
6.(6) Name of husband or wife Burl Priston Olive 6.(c) It alive, give age years 7. Birth date of	21. CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
deceased (mo., day, yr.) Suplember 22 1906	Immedia cause of death DURATION DURATION
8. Birihplace Harfard County Maryland (Town, eoghts, and state) 10. Usual occupation H. W.	Due to Canovatana Multure
11. Industry or business Home	Jul 10
12. Name noak Thomp ponice 13. Birthplace Harrord County-maryland	Other conditions
	(Include pregnancy within 3 months of death) Major findings of operations.
14. Malden name Mary Elizabeth Hauthins 15. Birthplace Harford County- Maryland 16. Interment True: Burl Preston	Date of op.
	Antopsy results
Address Havre de Grace, Ind. 17. Burial: Dale thereof Jam. 12, 1942	22. VIQLENCE: If death was due to exfernal causes, till in the following:
17. Burial, cremation, or removal, Which?) Cemetery or crematory. Rock Run Bale thereof. Jan. 1943 (month) (day) (year)	Accident, sulcide, or homicide
Location Harford County Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director 34. D. Habiley	Means of Injury Injured at work?
Address Dakington, md.	23. SIGNATURE DUMP M. D. or other
19. 1-5 19042 a. A. Leuro M. D.	Harde Harre de Grace Md. Bate signed 1-5-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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MARGIN RESERVED FOR BINDING

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age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

00573

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State County County
City or town	The first of the stand
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Dessel Masters Tung Toone	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mary Virginia	Tambles.
4. Sex 5. Color or series 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Timple White Thidowy	20. DATE OF DEATH STAND 12 18.48 at 10 a.m.
IPP ly m. R. Ala	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
8.(b) Name of husband or Wild	Quart, 1947, Jan 11, 1848
7. Birth date of	and that I last can h. A.z. alive on O. a. a. a. a. a. 1. 1948
deceased (mo., day, yr.) Seft 2-60 /8-69	Immediate-cause of death Duralina
8. AGE: Years Months Days If less than one day	Cerebra Henembage 12 hrs.
18° 3 /7min.	7
3/holder 2nd	Buen Huserleusine
9. Birthplace (Town, county, and atate)	Bartherysella due lyr.
1B. Usual occupation.	1
11. Industry or business, Language Andrew	Due to
12. Name 12. Name	Other conditions
13. Birthplace Backs My	(Include pregnancy within 3 months of death)
14. Maiden name Control Boot Land	Major findings of operations.
E 15. Birthplace & legently may	Bate of op.
16, Intermany The Charles of the Company	Antopsy results
10 h	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Addres	22. VIOLENCE: 11 death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Stuff med	injured at home, farm, industry, public place (where?)
2/14/2011 7/1/	Means of Injury Injured at work?
18. Funeral director	Company of the state of the sta
Address and Brock to	23. SIGNATURE Charles Chart hu.
19 Jan 13" 1948 Thomas & Brown	Strent Mad M. D. or other
((I) ata man'd by ramistrar) Registrar	I Address T VIII SIGNATI.



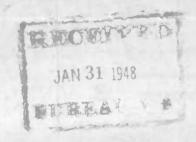
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CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: Sarford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Cou
How long in above place of death?	(If outside ty or town limits, write RURAL and give nearest town)
How long in hospital or institution?	(If rural, givs LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clara Elizabeth	Reir
4. Sex 5. Color or race 6.(a) Gingle married, widowed, or directed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 29 1948 of 4'99 1948
6.(4) Name of husband or wife Bunismis Rus 6.(5) If allve, give age 87 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of deceased (mo., day, yr.) State 2 1874 8. AGE: Years Months Day If less that one day	and that I fast saw half allyo on 19.48
73 4 27 hrs. min.	Carcinoma of poneras 3 gri
9. Birthplace (fown, county, and state) 10. Usual occupation (form)	Due to
11. Industry or business at thomas	Oue to
12. Name James Hoarlord Co, Img.	Other conditions Permerous Queme 6 yrs.
14. Maiden name to ancis Burne 15. Birtholace tharload CA. Med.	(Include pregnancy within 3 months of death) Major fludings of operations
Mar Poising Ratauture	Oate of op
Address 300 Q & University Parkellar	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Bale thereof Jan 3 1 1948 (Burial, cremation, or removal, Which?) Date thereof Jan 3 1 1948	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or cremetory Calvary	Where did injury occur?
Location Tourford Co. M.d.	Injured at home, farm, industry, public place (where?)
18. Funeral director	101 0.11 0.
Address Orlington P. Farris	23. SIGNATURE (Lalland . Judson M. D. or other
19. (Date rec'd by registrar) Registrar	Address Forest Hole My Date signed 1/29/18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legiply.



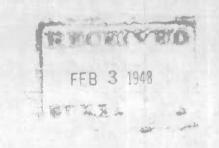
2411 N. Charles St., Baltimore

13/2

CERTIFICATE OF DEATH

00575 Reg. Dist. No. 182

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother)
County Bell Que Burnal	State Md County Warford
City or town	City or town Dublen Aural
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Reuben Ellsworth	Reynolds 3. (b) Social Security Number
4. Sex 6. Color arrace 6. (attingle, married, without or diversed	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. Jan 12 19/8 at 4:30 M
8. (b) Name of husband or wife Amand Kest Reynol	As I CERTIFY that death occurred on the date above stated; that Lattended deceased from
(10:00	Dec 26 19 67, 10 pul 2 19 8
7. Birth date of 2 / 8 / 2	and that I last saw harminalive on 19.48
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of deathOURATION
6. AU. 11 101	prosletie Hypertrophy
87 7 /8min.	Vand arellary
9. Birthplace (Town, county, and atate)	Que to
10. Usual occupation	Due to.
11. Industry or business Ord Farmer	A
12. Name Richer to, Reynolds	Other conditions Chy. Cardinascular
12. Name relier to Reynolds	Penal Disesse ?
	(Include pregnancy within 3 months of death)
14. Maiden name Martina C. Cunnungham 15. Birthplace Travelova Co. Mad	Major findings of operations
E 15. Birthplace	Date of op.
16. Interment Willen Jr. Gymolar	Autopsy results
Address of George At, Morriston	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burist Date thereof an 15, 1948	Accident, suicide, or homicide
(Burlal, comation, of compart Which:) (month) (day) (year)	
Gemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Montgomyny Cottema-	tnjured at home, farm, industry, public place (where?)
18. Funeral director At Bailers	Means of Injury Injured of work?
Address Narlington Man	11
Address 100 word grap my Me L'- L	23. SIGNATURE M. D. or other
19 Jan 1- 19 78 III II Just	Zorost LLAD monar of 1/13/48



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CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No	/50
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest rown) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State	
How long in hospital or Institution?	Z.(u) 11 Veteran, flame was	
3. (a) FULL NAME Mary Lewylerance 4 Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	e Stade 3. (b) Social Security N	lumber
4. Sex 5. Color or rape 6.(a) Single, married, widowed, or divorced Therefore Wildows	MEDICAL CERTIFICATION 20. DATE OF DEATH. 3 19.28	11 400 M
6.(b) Name of husband or with the second of	21. I CERTIFY (that death occurred on the date above stated; that I attended decear No.1/ Em Ber 19.47, to Dec. 3.4, and that I last saw h. E.M. alive on D.E.C. 3.4,	1947
8. AGE: Years Months Days If less than one day Months Days Months Days Months Days Months Mont	Immediate cruse of death terbral Hemorhage	3 days
9. Birthplace	Due to Hypertensine Carlie Vascular	10 776000
10, Usual occupation.	Due to	
11. Industry or business 12. Name Watking 13. Birthplace Rocks Md,	Other conditions lia battar Mellitura angutation Surgical Left Lag	5 years
14. Maiden name Mullissa a Stokes 15. Birthplace Rocks mil	(Include pregnancy within 3 months of death) Major fiadiogs of operations	
16. Informant Ruguroud & S Walkers	Aulopsy results	talistically.
17. Gurial, cremation, or removal, Which?) Date Iherent (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory Allert Houland Ca Yee &	Whera did injury occur?	(State)
18. Funeral Objector Martin Flues	Msans of Injury Injured at work?	
Address Sassettwelle med	23. SIGNATURE Robert Barthel M. D. o	MD.
(Date rec'd by registrar) Registrar	Address South That Ild. Date signed	1/5/48

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrests is especially important. Physicians: please write the causes of death clearly and legibly.

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WRITE

PLEASE

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Please till set and.

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WRITE PLAINLY, is especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mury Land County / Jarfand
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred	
Harford (Memorial Horpital	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Baby Boy Donald W	arren Aniele 3. (b) Social Security Number
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W infant.	20, DATE OF DEATH January 15th 19 48 21 6 P
	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
6.(b) Name of husband or wife	Jamas 15 th 1948 to same 19
8.(c) If alive, give ageyears	
deceased (mo., day, yr.) Jan. 15 to 1948 at 645 AM	and that I last saw h
deceased (mo., pay, yr.)	Immediate cause ul death
o. Aug.	Central respiratory
12 hrs. 29 ml	baralysis
Harrise grace medit	
9. Birthplace (Town, county, and state)	Due fo.
10. Usual occupation	Due to
ff. industry or peginess	
12 Name John Walter Scuth	Other conditions
	Uther conditions
	(Include pregnancy within 3 months of death)
14. Maiden namellinginia russian Crothers 15. Birthplace Pheladelphia Pa	
Dele della De	Major findings of operations.
- 0 /4	Date of op.
16. Informant Harold I. Crothers	Antopsy results.
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Rocks med,	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Berrial Date thereof Lew 17-48	
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery of crematory large Lavelle	Where did Injury occur?
abettsville and.	Injured at home, farm, industry, public place (where?)
Location Control Contr	
18 England director Murlin Thurt	Means of Injury Injured at work?
Address agrethevelle mil.	John F. Noguera M.D.
On a real	23. SIGNATURE M. D. or other
19. (Dade rec'd by registrar) (Dade rec'd by registrar) (Dade rec'd by registrar)	Address Hospital - Have de Tuce Date signed 1-15-48



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



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P ACE. Years Months Dave If less than one day	
State Maryland County Baltimore City er town. City outside city or town limits, write RURAL and give nearest town) Hew leng in above place of death? Hespital, institution, or street address where death occurred: Street No. M.t. Vista Road (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (a) FULL NAME 4. Sex Fem Je Maryland County Baltimore City or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number Sryder 4. Sex Fem Je Baltimore County Baltimore City or town. (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town. (If outside city or town limits, write RURAL and give nearest town. (If outside city or town limits, write RURAL and give nearest town. (If outside city or town limits, write RURAL and give nearest town. (If outside city or town limits, write RURAL and give nearest town. (If outside city or town limits, write RURAL and give nearest town. (If outside city or town limits. (If outside city or town limits. write RURAL and give nearest town. (If outside city or town limits. write RURAL and give ne	
Hew leng la hespital er Institution? 3. (a) FULL NAME 4. Sex Fem J/e 5. Color er race 6. (a) Single, married, widowed, or divorced married 8. (b) Name ef husband er wife Edward Snyder 7. Sirih date ef decessed (me, day, yr.) 8. AGE: Years Months Days If less than ene day 4. Sex Fem J/e 1. Sirih place Sryder 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. January 18 19 19 19 19 19 19 19 19 19 19 19 19 19	
3. (a) FULL NAME 4. Sex Fem Je Styde 5. Color er race Fem Je MEDICAL CERTIFICATION Fem Je 8. (b) Name of husband or wife Edward Snyder 7. Sirih date of deceased (me., day, yr.) Sept. 14th, 1900 8. AGE: Years Months Days If less than one day 19. Manual Shape of deceased (me., day, yr.) 9. Birthplace Baltimore County, Md. (Town, county, and stote) 10. Histal accuration 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: thal I attended deceased from 21. I CERTIFY that death occurred on the date above stated: thal I attended deceased from 22. Immediate cause of death 23. (b) Social Security Number MEDICAL CERTIFICATION 24. I CERTIFY that death occurred on the date above stated: thal I attended deceased from 25. I CERTIFY that death occurred on the date above stated: thal I attended deceased from 26. I certification 27. Sirth date of deceased (me., day, yr.) 28. AGE: Years Months Days If less than one day 29. Birthplace 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: thal I attended deceased from 27. Sirthplace 28. AGE: Years Months Days If less than one day 29. Due to DUE 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: thal I attended deceased from 29. Deceased (me., day, yr.) Sept. 1 that I last saw h.g. Y. all ye on Jan. 29. Birthplace 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: thal I attended deceased from 21. I CERTIFY that death occurred on the date above stated: thal I attended deceased from 21. I CERTIFY that death occurred on the date above stated: thal I attended deceased from 21. I CERTIFY that death occurred on the date above stated: thal I attended deceased from 25. Date of Death. 26. Date of Death. 27. Date of Death. 28. Date of Death. 28. Date of Death. 29. Date of Deat	
4. Sex 5. Color er race 6. (a) Single, married, wildowed, or divorced Femile W married 20. Date of Death January 18 19 19 19 19 19 19 19	
## Married 8.(6) Name of husband or wife Edward Snyder 7. Sirih date of deceased (me., day, yr.) Sept. 14th, 1900 8. AGE: Years Months Days If less than one day 19. Sirihplace Baltimore County, Md. 9. Sirihplace Baltimore County, Md. 10. Hisual accumption at home	F
8.(6) Name of husband or wife Edward Snyder 7. Sirih date of deceased (me., day, yr.) Sept. 11th, 1900 8. AGE: Years Months Days If less than one day 17 14 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	20
8.(c) Name et nusuand et wile. 8.(c) If allve, give age years 7. Sirih date et deceased (me., day, yr.) 8. AGE: Years Months Days If less than ene day	0-30 M
7. Sirih date ef deceased (me., day, yr.) 8. AGE: Years Months Days If less than one day	
8. AGE: Years Months Days If less than one day	
10 liquid accumation at home	zear
11. Industry er business Industry er business	
Catherine Pfeifer (Include pregnancy within 8 months of death) Major findings of operations	x • • • • • • • • • • • • • • • • • • •
Mr. Edward Snyder Mt. Vista Rd., Glenarm P.O. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically	
burial Cametery er crematory St.s. Michaels Lutheran Perry Hall Md Md Md Md Md Md Md	e)
18. Funeral directer Lasalu Funeral None, Address 7401 Belair Road 19. (Date rect) by registrar) 19. (Date rect) by registrar) Mesons et Injury Injured at werk? 23. SIGNATURE Level C Palmer (M. D. or other Bel A in M. D. or other Bel A in M. Date signed) Mesons et Injury Injured at werk?	

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MARYLAND STATE DEPARTMENT OF HEALTH

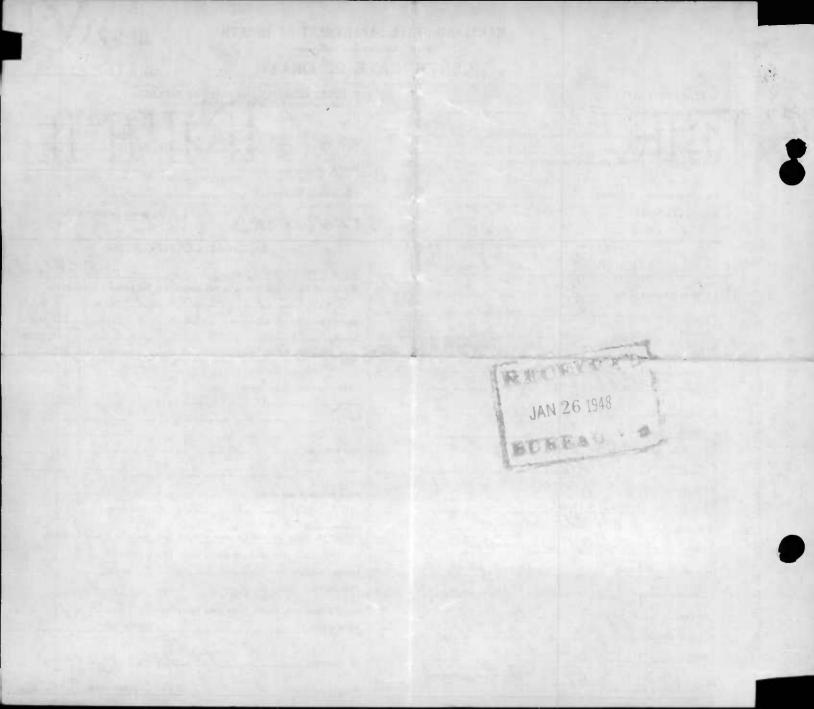
2411 N. Charles St., Baltimore

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E	OF	DEATH	I	Reg. Dist. No	••••••
2. Stat	(For	L RESIDENCE newborn infants	(HOME) OF	nother)	_
City	or town	(If outside	city or town limits.	write RURAL and give ne	arest town)
Stre	et No	••••••	(If rural, give l	LOCATION)	***************************************
2.(0	a) If vet	eran, name war			
7.	AN	DiFOR	Q.D	3. (b) Social Security	Number
		. N	IEDICAL CE	RTIFICATION	
2D.	DATE OF	DEATH. Ja	u 20	1948	, 8:15P
••••	34		2 195	e stated; that lettended dece	
Imn	AR	TERIOS	CLEROTI		OURATION
	fo				*

Due	to		***************************************		***************************************
Othe	er condii	lons			* **********************
	**********	(include pro	egnancy within 3 m	onths of death)	
Maj	or findi	ngs of operations.		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ant	opsy re	malte Zen		Dale of op	
				ch death should be charged	statistically.
22.	VIOLE	NCE: If death was	due to external caus	es, fill in the following:	
Acci	ident, su	ilcide, or homicide		Dale of	
Whe	ere did i	njury occur?	(City or town)	(County)	(State)
Inju	red at h	ome, farm, indust	ry, public place (wh	ere?)	
Men	ne of In	jury		tnjured at work?	
23.	SIGNAT	URE	DAM	ausey	M.D.
Add	ress	aberi	Lee, 2	ucl. Date signed	1 1

/	CERTIFICATI
County Clip or town Clf outside city or town limits, write RURAI How long in above place of death? Chospital, instilution, or street address where death occurred:	
Now tong in hospital or institution?	
3. (a) FULL NAME, ZA JAN	E S
4. Sex Fense Scolor or race 6.(a) Single, marr Living Scolor or race 6.(b) Name of husband or wife	lowed blandiford
7. Birih date of deceased (mo., day, yr.) Nov. 27 - 186	ve, give ageyears
Gu 1 53	ess than one dayhrsmin.
9. 8irihplace	M >
12. Name Jes God, Color 13. Birthplace Palto May Cure Cure 15. Birthplace Brattingore, Mr.	ndeff
16. Informant J. W. Standefor	4.10
Address Werdley Date thereof (Burfal, cremation, or removal, Which?) Competers or crematory Lease allemy CA	Jan 23 1948 (month) (day) (year)
Location Loc	w.
Address Benson Ma 19. 1/23 19.48 P. 4	nwood
19	Registrar



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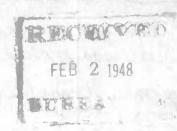
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Address

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CER		CAIL	UL	DEAIL	

CERTIFICAL	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary County Harford. City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(c) If veleran, name war
3. (a) FULL NAME John Cb. Stansbury	3. (b) Social Security Number
4. Sex Scolor or race 6.(a) Single, married, widowed, or divorced Male Coloced Married, widowed, or divorced Male Coloced Married, widowed, or divorced Marr	MEDICAL CERTIFICATION 2D. DATE OF DEATH
12. Name Josac Stansbury 13. Birthplace Percegnian Thd	Diher conditions
14. Maiden name. Elina Curtis 15. Birthplace Unlanding	Major fiadings of operations
Address Oberden md. R.D. #2	Autopsy results
17. Burial, cremation, or removal. Which?) Cemetery or cremains Union M. E. (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location near aberdien	Injured at home, farm, Industry, public place (where?) Means of Injury (City or town) (County) (State)
18. Funeral director Therety darking & source	models of injury



2411 N. Charles St., Baltimore

00581

CERTIFICATE OF DEATH

O HELLI PROIDENCE (LIONATE) OF DECEASED.

City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town A Couly County or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME ORIE LOUIS STANS	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Black Single	MEDICAL CERTIFICATION 20. DATE OF DEATH, 201 2 19 48 21 6 44
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended daceased from 19. fo. 19. and that t last saw h. alive on 19. Immediate cause of death. DURATION Due to.
12. Name Sales Sales Sansbury 13. Birthplace 14. Maiden name Luth Withington 15. Birthplace 16. Informant Charles Ralph Stansbury Address 3 / 9 Face down, St. City	Other conditions
17. Gurial, cremation, or removal. Which?) Cemetery or crematory. Location. 18. Funeral director. Addressed Favre de Space Md. Addressed Favre de Space Md.	Accident, suicide, or homicide
19 (Date rec'd by registrar) Registrar	Address



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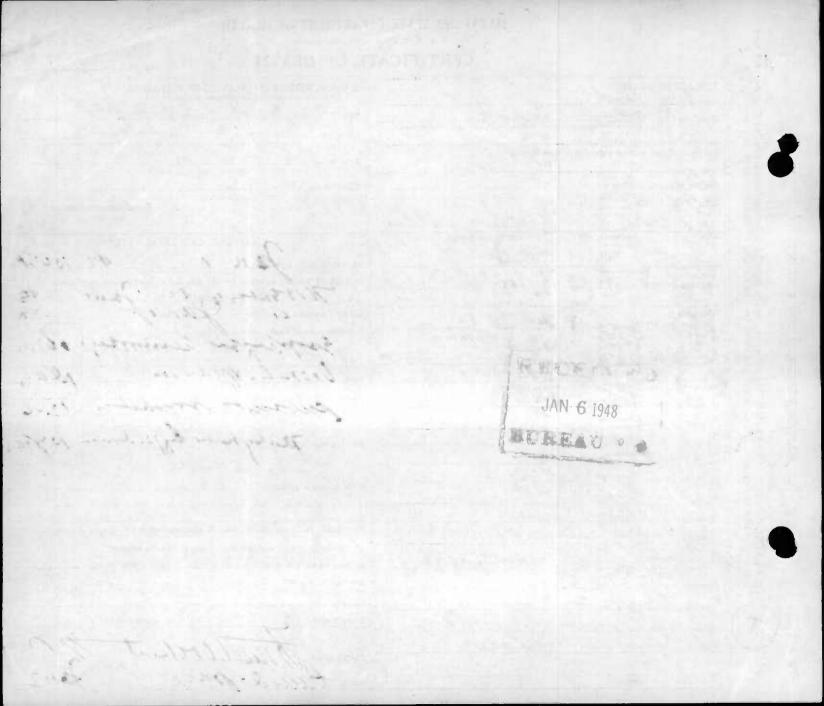
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()()582 Rev. Dist. No.

di	Aeg. Dist. 140		
	City or town. (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
	How long In hospital or Institution?	2.(a) If veteran, name war	
	3. (a) FULL NAME Mary Elizabeth Jully	3. (b) Social Security Number	
	4. Sex (Sex (Sex (Single, married, wildowed, or divorce) (Wildow)	20. DATE DE DEATH 20. DATE DE DEATH 19.47, 11/0.05/m	
	6.(b) Name of husband or wife. 6.(c) If alive, give age years 7. Dirth date of	21. I CERTIFY that death occurred on the date above stated; that Lettended deceased from 19. 5. and that I last saw h	
	8. AGE: Years Months Days If less than one day 2 9	Immediate cause of death DURATION	
	9. Birthplace	Due to March & Mac	
	11. Industry or business	Due to Malenan halle de sea 10 We	
-	13. Birthplace	(Include pregnancy within 8 months of death)	
	14. Maiden name 1997 Company Company 15. Birthplace 1997 Company Compa	Major Endings of operations	
	16. Informant. Address 708 Hourilan / 1.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.	
	(Burial, cremation, or removal. Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
	Location Location	Where did injury occur?	
)	18. Funeral director. Address Ham de Base	Means of Injury Injured at work?	
	19 au. 2 19 48 4. L. Lewis m. D. Date rec'd by registrar	23. SIGNATURE M. D. or other Address M. D. or other	



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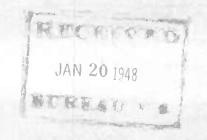
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/	
1. PLACE OF DEATH: Hartand	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Factor (Carley Has p. ta)	state md county Harford
City or town	City or town Bel air
How long in above place of death? 20 Day 5	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death becurred:	Street No.
	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME many Jane Un	derwood 3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
t w w	20. DATE OF DEATH. 20 15 19.48 38 7
ATOMA O Wander was I	21. +CERTIFY that death occurred in the date above stated; that lattended deceased from
6.(b) Namo of husband or wife James O Under wood	Nev 5 / 10 /2 10 Jan 15 10 48
7. Birth dato of Sandara 17 1812	and that I last saw hack alive on Saufi 5 19.48
deceased (mo., day, yr.) SLPT 17-1867	Immedia: Anuse of Agath
8. AGE: Years Months Days If tess than ono day	Che my ocardes On Dusses 29
80hrs,min.	Cha Bronched asthma 10 yr
9. Birthplace	Que la
	000 (0
10. Usual occupation Ketired	Bue to
11. Industry or business	
E 12. Name David Paturs	Other conditions.
12. Name David Paturs	
	(Include pregnancy within 8 months of death)
	Major findings of operations
16. Informant Nr. S Vame has an	Autopsy results.
Address BeJAIn, Md	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Burnel Dan Harred Clany 18/48	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cometery or cromatory Churchuille Preshyterian	Whers did injury occur?
Location Churchville, Md	Injured at home, farm, Industry, public place (where?)
Tac TECTUC	Msens of Injury Injured at work?
18. Funeral director Jos. Fostev	
Address Belay M	23 SIGNATURE Willard P. Hudson
1/17 48 Ptonwood.	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Toust tel Date signed I I Ways



WRITE PLAINLY, WITH UNF is especially important.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

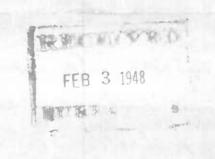
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00584

CERTIFICATE OF DEATH

eg. Dist. No. 182

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Oity or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Margaret May Vick	ere
4. Sex 5. Color or race 6.(a) Single, married, widower or divorced Denuele whete widower B.(b) Name of husband or wife Evin A. Lichesa	20. DATE DF DEATH
	Jeans 28 1977 w/acc /4 19 48
7. Birth date of deceased (mo., day, yr.) May 10 - 1865	and that I last saw h. 2 alive nn 19.78
8. AGE: Years Months Days If less than one day 8. AGE: No. 1	Immediate cause of death DURATION
9. Birthplace	Oue to.
10. Usual occupation.	Dua to
tt. industry or business	
12. Name Lathau 6. Castella St.	Diher conditions
13. Birthplace Franch Co. M.L.	(Include pregnancy within 3 months of death)
14. Maiden name Abelieve Munuich	Major findings of operations
E 15. Birthplace Asefact les. Mel.	Date of op.
18. Informant Melan Victor	Antopsy results
Address Pylesvelle, Md.	22, VIOLENCE: tt death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crementory Back Spring consetery	Where did injury occur?
Location Facest Fill Med.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Achiel P. Harline	Means of injury Injured at work?
A at a	1 200 01
Address Della fa. MWHinda	23. SIGNATURE. M. D. or other
(Date ree'd by registrar) Registrar	Address CARD 4FF Mc Date signed 1-14-48



PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Reg. Disc. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	18 / 8/ / 200/
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Out Chaple (Ifrural, give/LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James Benry Warbreld	
4. Sex Solor or race S.(a) Single, marked, widowed, or districed	MEDICAL CERTIFICATION
male Colored Magned	20. DATE DF DEATH
6.(b) Name of husband on the Danson Shyggerd 6.(c) If alive, give age 7.7 years	21. I CERTIFY that death occurred on the date above stated: that lattended deceased from
7. Birth date of deceased (mo., day, yr.) Fifty 11 - 1867	and that last saw h. LAD. alive on Jame 10 1847
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
80 11hrsmin.	Delise
a Richard Darlington Barbod Cour hoof	Due to
(Town, courty, and state)	
0 1 1	Due to
11. Industry or business	Diher conditions
12. Name	
	(Include pregnancy within 3 months of death)
14. Maiden name Schales Monty 15. Birthplace Unknow	Major findings of operations.
16. Interment Priss - James H. Warfield	Actorsy results.
Address Chladien med	PHYSICIAN: Please xuderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Willow M. C.	Whare did Injury occur? (City or town) (County) (State)
Location New aberdeen my	Injured at home, farm, Industry, public place (where?)
18. Funeral director Serving Sarring Sons	Means of Injury Injured af work?
Address Cherkun mg	23. SIGNATURE XXX Dulancy M. D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address abyrdess Mi Date signet on 21,194



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. (If outside city or town limits, write RURAL and give nearest town) Hospifal, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospifal or institution?.. 2.(a) 11 veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced MEDICAL CERTIFICATION 20, DATE OF DEATH ... 21. I CEBRIFY that death accurred on the date above stated: that I aftended deceased from B.(b) Name of husband or wife. .6.(c) If alive, give agevears 7. Birth date of deceased (mo., day, yr.) Immediate cause of Jeath DURATION 8. AGE: If less than one day (Town, county, and state) 10. Usual occupation. 11. industry or business 13. Birthplace (Include pregnancy within 8 months of death) Major findings of operations..... 15. Birthplace PHYSICIAN: Please naderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof. Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) (month) (day) (year)

18. Funeral directo

(Date rec'd by registrar)

Registrar

23. SIGNATURE.

Means of Injury

Where did injury occur?

(City or town)

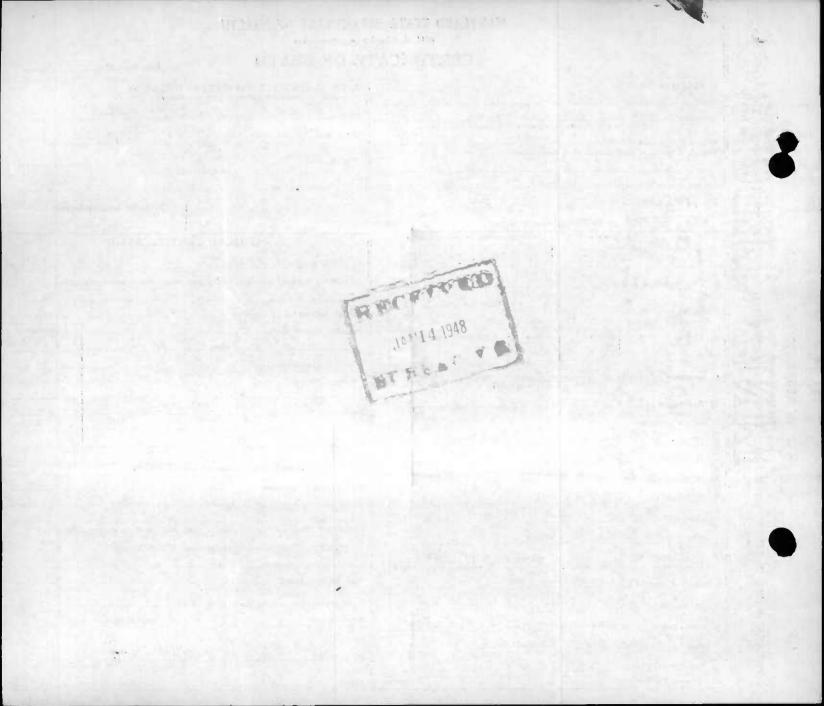
Injured at home, tarm, Industry, public place (where?)

(State)

(County)

Injured of work?

... Dafe signed



RITE

(Date rec'd by registrar)

In correct age

MARYLAND STATE DEPARTMENT OF HEALTH

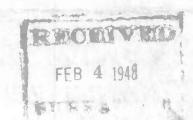
2411 N. Charles St., Baltimore

		00587
Reg.	Diat.	No. /8/

CERTIFICATE OF DEATH

	2. USUAL RESIDENCE (HOME) OF DECEASED:
	(For newborn infants give residence of mother)
	State County County
wn)	City or fown
	Street No. Calvacy (If rural, giv/LOCATION)
	2.(a) II veleran, name war.
4	3. (b) Social Security Number
bet	ev
d	MEDICAL CERTIFICATION
	20. DATE OF DEATH Jan. 8The 1948 215:50 AM
ow	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	August 45 10 46 10 - January 8 10 48
years	and that f last saw h. A. Ma alive on The UNY y
	Immediate quase of death. a
	Moltiple deficionary state 4 mag.
min.	
	Oug to Broughopinic Carcinens of
	1934 lung 21 mes.
	Due (o
	Other conditions Cerebrel metastatic
	Cercinims
	(Include pregnancy within 8 months of death)
	Major fiodogs of operations
- /	Date of op.
w	Autopsy results
(A)	PHYSICIAN: Please underline the enose to which death should be charged statistically.
1948	22. VIOLENCE: If death was due to external causes, fill in the following;
veor)	Accident, suicide, or homicide
riau	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
us.	Means of Injury Injured al work?
-un	
O.A.	23. SIGNATURE VILLA V.
Vilor	M.D. or other
Registra	Address 36 W. Beloix Aberdeenbyle signed 1/9/48

1. PLACE OF DEATH: How long in above place of death?.. Hospital, institution, or street address where death occurred: How long in hospital or instilution?. 3. (a) FULL NAME 7. Birth date of deceased (mo., day, yr.) Months II less than one day Days 8. AGE: Address



The Grand Control of the Control of

2411 N. Charles St., Battimore

information carefully. The correct age of death clearly and legisly.

BINDING

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AS

	CERTIFICATE OF DEATH Reg. Dist. No. /83
County (If outside by or town limits, write RURAL and How long in above place of death? Hospilal, institution, or street address where death occurred:	(If outside city of town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or Institution?	
3. (a) FULL NAMÉ	LEE Wices 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, w	MEDICAL CERTIFICATION 20, DATE OF DEATH. 201 (2 19 48 21 11
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of Second (no day yr.)	and that I last saw halive on
Deceased (mu., day, yi.)	than one day Ceute Circulatory Corogans DURAT
9. Birthplace Tarritain gran (Town, coonty, and state)	Hufades Due to Grovelis praumonia
tD. Usual occupation	Due to
12. Name Stay I. Wills 13. Birthplace Sadol W. Va	Diher conditions
# 14. Maiden name Zraomi Ruth	Major fieldings of operations. Pate of any angle of the state of the
15. Birthplace Black house No.	Actors results.
Address Street + med.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:
17. (Burlal, cremation, or removal. Which?) Bate thereof (m)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location Course Levelle Hear	Injured at home, farm, industry, public place (where?) Means of Injury Injury
18. Funeral director. Multilus Com	Means of injury
Address kirrellsville V	23. SIGNATURE STOCALLEY 44. D
19 Jan 14 1948 Thomas P	Registrar Address Obersless 200 Date signed.



PLEASE WRITE

(Date ree'd by registrar)

AS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3.(a) FULL NAME Mr. Clinton A. W.	0006S 3.(b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single. (married, widowed, or divorced 8.(b) Name of husband or wife 200 6.(c) If alive, give age 3	MEDICAL CERTIFICATION 2D. DATE OF DEATH	
8. AGE: Years Months Days If less than one day hrs	Due to. Correstial apparation	
12. Name 12. Name 13. 8irthplace 17. C. 14. Malden name 15. Birthplace 15. Informant 16. Informant 17. C.	Major findings of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
John. 9 10 88 4. L. Lewis m. D.	23. SIGNATURE M. D. or other	

